

**WOMEN'S INTERAGENCY HIV STUDY
ASCERTAINMENT TRACKING CHECKLIST (ATC)**

- A1. WIHS ID NUMBER: |_|-|_|_|-|_|_|_|_|-|_|
- A2. WIHS STUDY VISIT #: ___ ___
- A3. FORM VERSION: 10/01/98
- A4. FORM COMPLETED BY: ___ ___ ___
- A5. DOES WIHS SITE HAVE THE PARTICIPANT’S SIGNED MEDICAL RECORD RELEASE?
 YES..... 1
 NO..... 2

A6. INSTRUCTIONS: USE AS A CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION FROM SELF-REPORTED CONDITIONS

a. SELF-REPORTED CONDITION	b. FORM & QUESTION NUMBER	c. DATE OF FIRST DIAGNOSIS SINCE (MONTH) STUDY VISIT	d. NAME OF PROVIDER AND ADDRESS OF THE INSTITUTION